


RCRA OUTREACH & DATA VERIFICATION SITE VISIT				CKLIST
Site visited by Jim Lynch, NOWCC/SEE on: ----->		2-8-99	(date of visit <-----)	
EPA RCRA ID#:-->	IAR000003574	SIC	5046	
Facility Name:	HANSALOY MFG. CORP	City,	DAVENPORT	
Facility Address	820 W 35 <sup>TH</sup> ST	St, Zip	IA 52806	
Phone No.	319-386-1131	----->		
Letters, RCRIS Report and Brochures given to: (name and Title/job description)		Mr. Joel Wright, plant engineer.		
1. Facility Description:		This facility manufactures & distributes metal blades used in cutting bread.		
2. What Chemical and/or Industrial Waste (CIW) streams are generated? (List name/type, approx amount generated/mo, final disposition/how disposed)		The general industrial waste is sent to the local landfill. Scrap metal generated at app. 300 lbs per month is sent to Midwest Metal of Davenport, IA. Spent flourescent lamps generated at app. 15 per month & spent parts washer/degreaser solvent is generated at app. 2 gal. per month are taken by Safety Kleen of Davenport, IA.		
3. Does the facility classify any of their CIW's as hazardous waste (HW) / (Specify which)		Yes <u>X</u> No <u>  </u> This facility classifies the spent petroleum naphtha in the parts washer/degreaser solution & the mercury (Hg) in the spent flourescent lamps as HW.		
4. Does the facility conduct any of the following on-site activities: Treatment/Recycling/Burning/Open Dumping/Landfills/Surface Impoundments? Describe:		NO  R00118493 RCRA RECORDS CENTER		
5. Are CIW/HW stored on-site? Describe (material, approx quantity, storage method):		Yes <u>X</u> No <u>  </u> Twenty-four spent flourescent lamps in a cardboard box & app. 7 gal of parts washer/degreaser solution in one parts washer/degreaser unit were on-site.		
6. Describe condition of storage containers/tanks (open, damaged, unlabeled, leaking, etc.):		The storage containers were closed with no damage or leakage & labeled.		
7. Are incompatibles stored together (acids, bases, solvents, cyanides)? Describe:		Yes <u>  </u> No <u>X</u>		

RCRIS data entered

 by HJ HJ HJ  
 on 2/17/99 2/18/99 2/22/99  
HJR SLC Edde

8. Are there any signs of past spills/releases (dead or stressed vegetation, ground discoloration, stains)? Describe:	Yes___ No_X_
9. Do any of the on-site chemical and/or CIW/HW management practices concern you? Describe:	Yes___ No_X_
10. Recommendations and/or Additional Observations:	The regulated activity should be changed to conditionally exempt small quantity generator.

### GPS FIELD SHEET for Magellan Pro Mark X

Facility Name: HANSALOY MANUFACTURING CORP.

EPA ID No: IAR000003574

Address: 820 W 35<sup>TH</sup> ST County: SCOTT

City: DAVENPORT State: IOWA Zip 52722

Collecting Program (Division /Branch): ARTD/RESP **Collector** JIM LYNCH

Project (EJ, Neosho,...): IOWA RCRA

Date Collected: 12-7-98 Time observation began: 202425 UT Ended: 202926 UT

PDOP: 3.6

GPS Receiver No. (EPA Tag No.): 972109

Filename stored in GPS unit: IAR33411 .CAR

Detailed description of point (plant entrance, parking lot, land parcel, well...): GPS TAKEN IN  
THE PARKING LOT OF SITE.

Verbal description of weather: OVERCAST WITH A NORTHWEST WIND OF 0 - 5 MPH &  
TEMP IN THE HIGH 30'S.

Obstructions (buildings, electric lines,...): NO OBSTRUCTIONS



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
CONFIDENTIALITY NOTICE

Facility Name <i>Hansaloy Manufacturing Corp.</i>	
Facility Address <i>820 W. 35th St. Lawrence, IA 52806</i>	
Inspector (print) <i>James L. Lynch</i> <i>Confidential/Env. Unit</i>	
U.S.EPA, Region VII, ENSV Division, 25 Funston Road, Kansas City, KS 66115	Date <i>02/18/98</i>

The United States Environmental Protection Agency (EPA) is obligated, under the Freedom of Information Act, to release information collected during inspections to persons who submit requests for that information. The Freedom of Information Act does, however, have provisions that allow EPA to withhold certain confidential business information from public disclosure. To claim protection for information gathered during this inspection you must request that the information be held CONFIDENTIAL and substantiate your claim in writing by demonstrating that the information meets the requirements in 40 CFR 2, Subpart B. The following criteria in Subpart B must be met:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. No statute specifically requires disclosure of the information.
3. Disclosure of the information would cause substantial harm to your company's competitive position.

Information that you claim confidential will be held as such pending a determination of applicability by EPA.

I have received this Notice and <u>DO NOT</u> want to make a claim of confidentiality at this time.	
Facility Representative Provided Notice (print) <i>JOEL S WRIGHT</i>	Signature/Date <i>Joel S. Wright</i> <i>2/18/99</i>

I have received this Notice and <u>DO</u> want to make a claim of confidentiality.	
Facility Representative Provided Notice (print)	Signature/Date

Information for which confidential treatment is requested:

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name	<i>Hanselco Manufacturing Corp.</i>
Facility Address	<i>677 W. 135th St Harmon, IA 52806</i>

Documents Collected? YES ☒ (list below) NO ☐

Samples Collected? YES ☐ (list below) NO ☒ Split Samples: YES ☐ NO ☒

Documents/Samples were: 1) Received no charge ☒ 2) Borrowed ☐ 3) Purchased ☐

Amount Paid: \$  Method: Cash ☐ Voucher ☒ To Be Billed ☐

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

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Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

*Manifest - Safety Kleen 1 page*

Facility Representative (print)	Signature/Date
<i>JOEL S WRIGHT</i>	<i>Joel S. Wright 2/8/99</i>
Inspector (print)	Signature/Date
<i>James L. Lynch</i>	<i>James L. Lynch 2/8/99</i>
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	





One Brinckman Way  
Elgin, Illinois 60123-7857  
CUSTOMER NO.

WE CARE

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

CUSTOMER

FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
319-386-3024	STEVE RAMAEKERS	02/27/99	98-52	06	527322
			CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS
			8	60.00	
			BUSINESS TYPE	CHAIN	OUTER COUNTY
			17	NO	NO
			LOCATION	TAX EXEMPTION NO.	
			504706	EXEMPT 1/5	

GENERATOR  
CUSTOMER  
BILL

HANSALDY MFG CORP  
820 W 35TH ST  
DAVENPORT IA 52806

BILL

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
12-30-98	786072		319-386-1171	16-960-2160			.06	.06	.06

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS			CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)	CHANGE SCH. DATE (YY WW)	INV. CODE	PROMO NO.	RELEASE NO.	MSC
									CLEAN	SPENT	# OF CONT.	SK DOT							
1	0050000	00068589		1	60.00	0.00	60.00	0.00	5	5	1	60082		6					
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			

TOTAL-SERVICE/PRODUCTS				60.00	0.00	60.00	0.00	CHECK APPROPRIATE BOXES		GOOD	POOR	DECALS IN PLACE AND LEGIBLE		YES	NO	MACHINE PROPERLY GROUNDED		YES	NO
MANIFEST NO.		USEPA TRANSPORTER ID NO.		GENERATOR USEPA ID NO.		GENERATOR STATE ID NO.		MACHINE CONDITION & CLEANLINESS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
XXXXX		IL0984408202		IAR000003574		1240019999		LAMP ASSEMBLY CONDITION		<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING OF LID UNOBSTRUCTED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		<input checked="" type="checkbox"/>	<input type="checkbox"/>

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)										12. CONTAINERS NO.	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.					
WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NAL993										1	5	6	60082	0 TO 220 LBS./MONTH					
PC111(0001) (0006,0008,0018,002700390040)(ERG#128)														INITIALS					
														220 LBS. TO 2,200 LBS./MONTH					
														INITIALS					
														GREATER THAN 2,200 LBS./MONTH					
														INITIALS					

DESIGNATED FACILITY NAME AND ADDRESS										USA EPA ID NO.		140098027592									
3035 WEST 72RD STREET										STATE ID NO.											
SAFETY-KLEEN SYSTEMS, INC.																					
DAVENPORT, IA 52806																					

PAYMENT RECEIVED SECTION	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:		I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION, THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS. *This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.* By: <i>Michael Koepfle</i> Customer's Authorized Representative										TOTAL CHARGE (FROM ABOVE)								
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	WASTE MIN. (FROM ABOVE)																			
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$											TOTAL DUE		60.00						
	PREVIOUS CREDIT CARD NO														DO NOT WRITE IN THE AREA BELOW		527322 5-047-01-1115-8						
CREDIT CARD NO.				AMEX VISA MC	EXP. DATE	IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)																	
CUSTOMER REFERENCE INFORMATION																							

PROCEDURES for Inspectors/Investigators/etc. performing Site Visits

Present the Facility representative with a copy of their:

- RCRIS Handler Information Report (attached)
- Copy of the current Notification Form (attached)
- Copy of the current Notification Booklet (attached)

Our instructions to them are printed on their RCRIS Handler Information Report - and should be self explanatory. If the facility wants to revise their RCRIS Handler Information Report, they can do so and mail it back to EPA - or have the inspector deliver it.

If during the course of the site visit, the inspector/investigator becomes aware of any changes which should be made to the information printed on this form, please make the corrections and return the form to: Harriett Jones, ARTD/IRSP.

EPA RCRA ID Number: IAR000003574

Name of Company/Installation: HANSALOY MANUFACTURING CORP  
 Location of Installation: 820 W 35TH ST  
 City/State/Zip: DAVENPORT, IA 52806  
 County: SCOTT

Mailing Address: 820 W 35TH ST  
 City/State/Zip: DAVENPORT, IA 52806

Installation Contact: JOEL WRIGHT  
 Job Title: PLANT ENGINEER  
 Phone Number: (319)386-1131  
 Contact's Address: 820 W 35TH ST  
 City/State/Zip: DAVENPORT, IA 52806

Current Owner of Installation: HOWARD CHERRY III  
 Owner's Address: 499 QUEENS GRANT RD  
 City/State/Zip: FAIRFIELD, IA 06430  
 Phone Number: (203)259-1878

Land Type: Private  
 Owner Type: Private

TYPE(S) OF REGULATED ACTIVITY: *Conditionally Exempt*  
 SMALL QUANTITY GENERATOR

Hazardous Wastes Handled: D001, D039

N 08/01/96 2

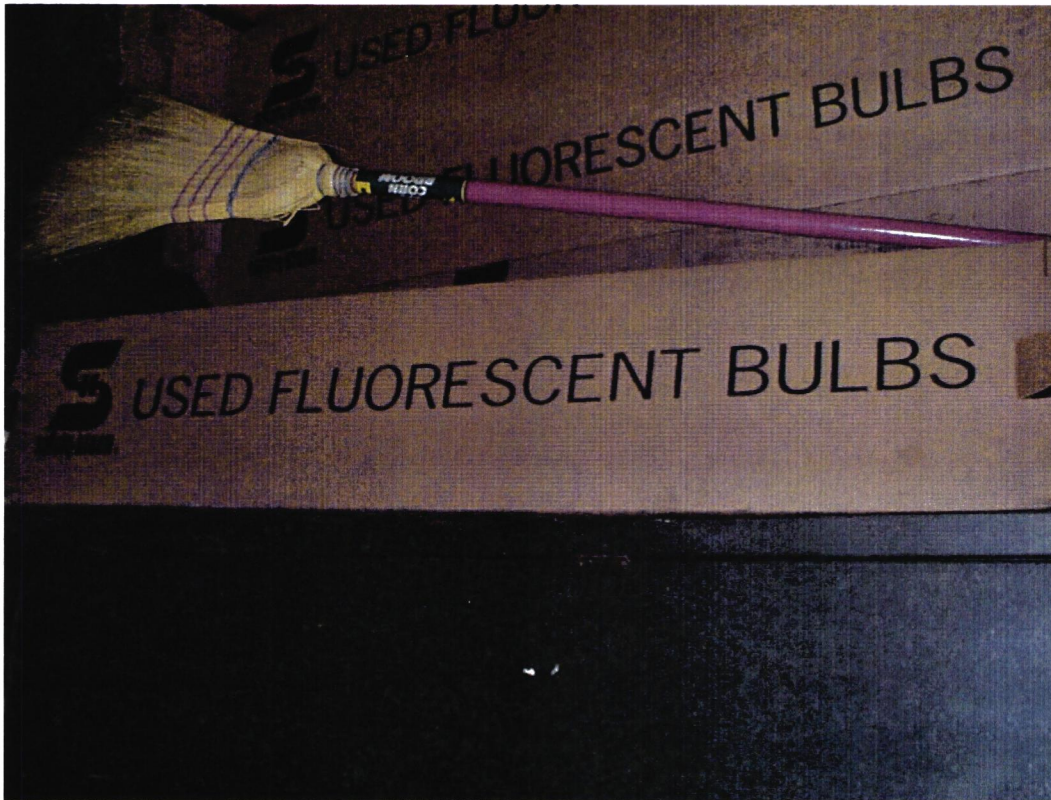
Date of Site Visit or Inspection: 02/8/98

Signed: James L. Lynch

Site Investigator/Inspector



IAR000003574 Hansaloy Manufacturing Corp. Davenport, IA Photo taken: 2/8/99  
Photo #1 Cardboard box containing 24 spent fluorescent lamps



IAR000003574 Hansaloy Manufacturing Corp. Davenport, IA Photo taken: 2/8/99  
Photo #2 Parts washer/degreaser unit containing approx. 7 gallons of solvent





IAR000003574 Hansaloy Manufacturing Corp. Davenport, IA Photo taken: 2/8/99  
Photo #3 GPS Reading taken in the parking lot in front of the site.

